

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): MN-508 - Moorhead/West Central Minnesota CoC

CoC Lead Organization Name: Homeless To Housed Task Force

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Homeless To Housed Task Force (HTH)

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: 78%
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)

*** Indicate the selection process of group members:**
(select all that apply)

Elected:	<input type="checkbox"/>
Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

Agencies and individuals are asked to become members of the CoC. Each member (agency or individual) signs a membership agreement annually. Agencies will assign or appoint staff or board members to be that agencies representatives to the CoC task force. Members are often asked to identify and invite other individuals (community members, associates or consumers) to CoC meetings. This process was established by past membership committee and approved by the Coalition in 2005. This process was established to be inclusive (anyone can join and groups members identify who else should be at the table) and equal (only 1 vote per member agency or individual).

*** Indicate the selection process of group leaders:
(select all that apply):**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

If sufficient funds were made available the CoC for this purpose, the CoC has the structure and/or plans in place to accept the increased administrative capacity. It would be essential that this process be sufficiently funded and clearly laid out to both the CoC and the grantees (i.e. contracts in place). One of the current frustrations is the CoC has the local knowledge, in the past there have been issues with programs that the CoC did not have the authority to intervene on. The CoC had identified some capacity issues and had not received APR's for review prior to submission to HUD. Local authority would have prevented the situation from escalating.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Executive	Plan the annual CoC calendar, set committee goals, review CoC plan, address CoC issues, and review annual Exhibit 1 application.	Quarterly
Grant	Review APR's, monitor grants, identify ways to improve project quality and performance, review requests for Certificates of Consistency, provide annual training on best practices, and identify potential new applicants for HUD CoC funding.	Bi-monthly
Ending Homelessness	Monitor progress of CoC Plan to End Homelessness, review plan for necessary updates and changes, identify new stakeholders to help further the plan, and make recommendations to the Executive Committee and Membership.	Quarterly
Data Collection	Plan and prepare for annual Point-in-time count and tri-annual Wilder Count. Annually review and present data on; PIT counts, Project Connect, and CoC Monthly Program Reports.	Bi-monthly
Bylaws	Annually review bylaws of the CoC and make recommendations to the membership for updates.	Annually

If any group meets less than quarterly, please explain (limit 750 characters):

The Bylaws Committee meets annually to review bylaws and to present recommendations to the entire CoC body.

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Churches United for the Homeless	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
YWCA of Cass-Clay	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Domestic Vio...
Dorothy Day	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Veterans, Su...
Lakes and Prairies Community Action	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Youth, Subst...
WINGS	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Youth, Domes..
Lakeland Mental Health Center	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Clay County Housing and Redevelopment Authority	Public Sector	Public ...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriously Me...
Grant County Social Services	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
MAHUBE Community Action Agency	Private Sector	Non-pro..	Primary Decision Making Group, Lead agency for 10-year pl...	Youth, Serio...
Clay County Collaborative	Public Sector	Other	Attend 10-year planning meetings during past 12 months, C...	Youth
Clay County Veterans Services	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Veterans
City of Moorhead	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Moorhead Public Schools	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, None	Youth, Serio...
White Earth Reservation	Public Sector	Other	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Veterans Administration - Homeless Vets Program	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	Veterans, Su...
Motivation, Employment and Training	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE

West Central MN Community Action	Private Sector	Non-pro..	Primary Decision Making Group, Lead agency for 10-year pl...	Youth
Otter Tail Wadena Community Action	Private Sector	Non-pro..	Primary Decision Making Group, Lead agency for 10-year pl...	Youth, HIV/AIDS
West Central MN Housing Partnership	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	NONE
United Way of Douglas and Pope	Private Sector	Non-pro..	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	Youth
Someplace Safe	Private Sector	Non-pro..	Primary Decision Making Group	Youth, Domes..
Fargo-Moorhead Coalition for Homeless Persons	Private Sector	Non-pro..	Primary Decision Making Group, Lead agency for 10-year pl...	Seriously Me...
Youthworks	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Youth
Minnesota Housing Partnership	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Lower 5 Mental Health Initiative	Individual	Homeles..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Consumer 2	Individual	Homeles..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
The Social Connexion	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Margaret K- Alberta City Council	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	NONE
Amherst H. Wilder Foundation	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
MN Department of Human Services	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Salvation Army	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Interagency Task Force on Homelessness	Public Sector	State g...	Primary Decision Making Group, Lead agency for 10-year pl...	Youth, Serio...
Greater MN Continuum of Care Committee	Public Sector	Other	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Regional Housing Advisory Group	Public Sector	Public ...	Attend 10-year planning meetings during past 12 months, A...	NONE
Clay County Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...

MN Assistance Council for Veterans (MACV)	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months	Veteran s
Legal Services of North West Minnesota	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domesti c Vio...

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)

f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership

Rating and Performance Assessment Measure(s): (select all that apply)

g. Site Visit(s), b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s): (select all that apply)

a. Unbiased Panel/Review Committee, d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?

No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

Churches United Emergency Shelter was able to renovate to increase the number of men's beds to meet the growing demand. There was only an increase in 3 total beds because licensing regulations are limited to 65 persons. The remaining men's beds gained will reduce the number of family beds, but not units.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: No

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

There was an increase in 65 year-round beds for the new Clay County Homeless to Housed Vouchers, serving for the hardest to house (long-term homeless). Additionally, there were two projects under development in 2008 that are now up and running. Gateway Gardens is a new project under development slated to open in October of 2010. Also note that two Clay County HRA Permanent Supportive Housing projects were combined.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document. Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	HIC - West Centra...	11/23/2009

Attachment Details

Document Description: HIC - West Central MN

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: 01/28/2009
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: HMIS plus housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Follow-up, Instructions, Updated prior housing inventory information, Other, Confirmation, HMIS
(select all that apply)

Must specify other:

The MN Department of Human Services, Office of Economic Opportunity, quarterly shelter survey was conducted using HMIS.

Indicate the type of data or method(s) used to determine unmet need: Unsheltered count, HUD unmet need formula, HMIS data, Housing inventory, Stakeholder discussion
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

Initial HMIS, PIT, and HIC Data were used to determine baseline and usage. The 2009 PIT was then compared with current data. A CoC meeting, including stakeholders, was used to review and discuss data and complete the HUD unmet needs formula. Provider discussion was used to make the final determination.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Statewide

Select the CoC(s) covered by the HMIS: MN-501 - Saint Paul/Ramsey County CoC, MN-510 - Scott, Carver Counties CoC, MN-505 - St. Cloud/Central Minnesota CoC, MN-508 - Moorhead/West Central Minnesota CoC, MN-511 - Southwest Minnesota CoC, MN-500 - Minneapolis/Hennepin County CoC, MN-504 - Northeast Minnesota CoC, MN-512 - Washington County CoC, MN-506 - Northwest Minnesota CoC, MN-503 - Dakota County CoC, MN-507 - Coon Rapids/Anoka County CoC, MN-502 - Rochester/Southeast Minnesota CoC, MN-509 - Duluth/Saint Louis County CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: Service Point

What is the name of the HMIS software company? Bowman Systems

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): 10/15/2003
(format mm/dd/yyyy)

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the challenges and barriers impacting the HMIS implementation: Inability to integrate data from providers with legacy data systems, Other, Inadequate resources
(select all the apply):

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

The CoC currently does not have a plan to address inadequate funding resources for HMIS. Over the past year, the State HMIS administrator has sought funding to supplement the costs and keep the user fees reasonable for participant agencies. However, currently many organizations and funding sources are facing cut-backs in Minnesota, making it extremely difficult to secure additional resources. Similarly, although the CoC continues to emphasize the value of HMIS participation (need and use for quality data on homelessness, obtaining/maintaining HUD homeless assistance dollars in our region), the costs and the lack of mandates/incentives have caused non-mandated users to question the cost vs. value ratio. To address the barrier of multi data systems, the CoC continues to support the efforts of the system administrator to implement data transfer via XML, and to support their efforts to build more reports into HMIS, including those required by United Way and other funders.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name Amherst H. Wilder Foundation

Street Address 1 451 Lexington Parkway North

Street Address 2

City Saint Paul

State Minnesota

Zip Code 55104

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? Yes

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:

First Name Craig

Middle Name/Initial

Last Name Helmstetter

Suffix

Telephone Number: 651-280-2700
(Format: 123-456-7890)

Extension

Fax Number: 651-280-3700
(Format: 123-456-7890)

E-mail Address: cdh@wilder.org

Confirm E-mail Address: cdh@wilder.org

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	13%
* Date of Birth	0%	0%
* Ethnicity	0%	1%
* Race	0%	1%
* Gender	0%	2%
* Veteran Status	1%	0%
* Disabling Condition	1%	0%
* Residence Prior to Program Entry	0%	1%
* Zip Code of Last Permanent Address	4%	9%
* Name	0%	6%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4? Yes

Did the CoC or subset of CoC participate in AHAR 5? Yes

How frequently does the CoC review the quality of client level data? Quarterly

How frequently does the CoC review the quality of program level data? Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Since Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness, much of the data in the system are reviewed closely by state-funded agencies during quarterly and annual reporting periods. State funders often follow up with agencies whose reports show poor data quality. Additionally, the HMIS Lead Organization (Wilder) staffs an HMIS help desk during business hours. Finally, over the past year Wilder has begun using a "bed utilization tool" designed by Abt Associates to help find inaccurate data entry and has worked with agencies to clean up data that appears to be of low quality.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

To date nearly all participation in Minnesota's HMIS is due to funding requirements; Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness. Proper entry and exit dates (or service start and end dates for the programs that do not require formal program entries and exits) are, therefore, ensured by the need for participating agencies to have accurate data in their required reporting. A lack of proper entry and exit dates remains a problem for some participating agencies. Additionally, over the past year Wilder has begun using Abt Associates "bed utilization tool" to help find inaccurate data entry and has worked with several agencies to clean up bad program entry and exit data.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Quarterly
Use of HMIS for point-in-time count of sheltered persons:	Semi-annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Quarterly
Use of HMIS for program management:	Quarterly
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

* Unique user name and password	Annually
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Annually
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Quarterly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 02/26/2005

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Never
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Monthly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with Dependent Children				
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	13	26	6	45
Number of Persons (adults and children)	39	85	22	146
Households without Dependent Children				
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	14	48	58	120
Number of Persons (adults and unaccompanied youth)	14	54	58	126
All Households/ All Persons				
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	27	74	64	165
Total Persons	53	139	80	272

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	22	12	34
* Severely Mentally Ill	27	20	47
* Chronic Substance Abuse	19	8	27
* Veterans	9	9	18
* Persons with HIV/AIDS	1	3	4
* Victims of Domestic Violence	34	8	42
* Unaccompanied Youth (under 18)	0	17	17

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: 01/28/2010
(mm/dd/yyyy)

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encouraged to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:

(Select all that apply):

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

The PIT sheltered data was collected through a Department of Human Services Office of Economic Security semi-annual survey of emergency shelter and transitional housing programs. The data was then verified through a provider survey.

Prior to the 1/25/07 PIT count, the last PIT count was taken on 10/20/05. From '05 to '07 the PIT count shows about a 1% to 9% increase in the homeless population categories. The January '07 PIT Sheltered survey shows a slight increase in family homelessness while the number of households without dependents dropped slightly. No subpopulation or unsheltered count was taken in '08.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

There was a slight increase in the PIT count in 2009 from the 2007 count (no count was conducted in 2008). The primary factors contributing to the increased count is that the CoC has become more proficient at counting the homeless population in rural counties. However, please note that numerous persons known to be homeless in the rural areas of our continuum still refused to be counted. There is a stigma and fear in rural areas that challenge the CoC in doing a thorough count. The other notable change is the increase in TH and decrease in shelter. The shelter change was primarily due to timing. There has been a waiting list for family beds consistently for the past 1 1/2 years, however, three families had just moved into supportive housing at the time of the count - skewing the numbers. The THP numbers increased due to increased state funding for THP in the previous biennium.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: [A Guide for Counting Sheltered Homeless People](http://www.hudhre.info/documents/counting_sheltered.pdf) at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy:	<input type="checkbox"/>
Provider expertise:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

The shelter sub-population data was collected through HMIS by a statewide Shelter Providers survey conducted semi-annually by the MN Office of Economic Opportunity.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

Although there are notable differences in the subpopulation data (there was a large decrease in CH, SMI, and Chronic Substance Abuse in 2009) from 2007 to 2009, this the first year the data has been collected solely in HMIS so it is hard to make accurate assumptions as to changes. Past years data has been scientifically calculated based on data from HMIS and the Wilder Survey conducted every three years. The CoC estimates that the self reporting of subpopulations is low in 2009 based on service provider feedback.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

**Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
(select all that apply)**

Instructions:	<input type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see

¿A Guide to Counting Unsheltered Homeless People¿ at:

http://www.hudhre.info/documents/counting_unsheltered.pdf.

**Indicate the method(s) used to count unsheltered homeless persons:
(select all that apply)**

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

Identifying information was used. Surveys were reviewed to compare identifying information. In cases where identifying data was not provided by the individual being surveyed, surveyors were asked to provide identifying characteristics to use in potential future comparison.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

All nine counties within our Continuum provide emergency vouchers where and when emergency shelter or domestic violence shelter beds are not available. The West Central 10 year plan to end homelessness is equally focused on singles and families and includes prevention, supportive service, outreach, education and re-housing goals. Three programs, HPRP, Family Homeless Assistance and Prevention and DHS Homeless Program provide outreach to community locations (emergency shelters and on-site meals, social services, etc.). Four Project Connect events were held in our region this past year to improve access to individuals and families.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

The following efforts are in place to identify and engage unsheltered individuals:

- PATH Mental Health outreach workers schedule time at local on-site meal programs.
 - The Family Homeless Prevention and Assistance Program provide rapid financial assistance and collaboration with various service providers to assist with re-housing and connecting families to services.
 - The WC Plan to End Homelessness addresses action steps to end homelessness.
 - Numerous focus groups were held to seek input from homeless/housing providers, homeless individuals, community leaders, the faith community, students and businesses.
 - Long-term homeless vouchers were put in place in 2008 in all 9 counties to rapidly house individuals and connect them with services.
 - The Department of Human Services Homeless Services Grant provides supportive services to homeless individuals.
 - Project Homeless Connect Events connect individuals with various services.
- There was an increase of 1 unsheltered person from the 2005 to 2007 PTI count. The number of chronic homeless individuals and family members who were homeless both decreased.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

There was a slight increase in unsheltered persons in the 2009 count. We also experienced an increase in the number of persons not wanting to be counted in rural areas. We still feel that both 2007 and 2009 counts under represent the number of unsheltered homeless in our region, with weather and geography being the primary reasons. In Minnesota in January the unsheltered homeless population is more hidden in abandoned buildings (many farm), storage sheds, and vehicles, making a count more difficult than in warmer weather, as well as less safe for volunteers and outreach staff doing the count.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

There are two projects underway to increase permanent housing for chronically homeless. The first is a 24 one-bedroom bed facility for the hardest to house in Clay County slated to open in July of 2010. This project will serve a minimum of 12 chronically homeless individuals. The second is a scattered site chronic homeless 3-unit bonus proposal in this NOFA application. This project will serve both Clay and Wilkin Counties.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

The CoC has identified a need for an additional 50 permanent supportive housing beds for individuals and 50 for families. Of the 50 individuals needing PSH, 27 beds (12 CH and 12 LTH Gateway Gardens + 3 HUD) will be created in 2010; leaving 23 beds needed - 0 of which would be for CH). Of the 50 for families, and estimated minimum of 5 will be needed for chronic homeless families. Once the reauthorization is finalized the CoC will utilize the 2009 Wilder PIT Study results and 2010 PIT Count to better identify how many families will fit the definition of Chronic and re-adjust our plan accordingly.

How many permanent housing beds do you currently have in place for chronically homeless persons? 39

How many permanent housing beds do you plan to create in the next 12-months? 54

How many permanent housing beds do you plan to create in the next 5-years? 59

How many permanent housing beds do you plan to create in the next 10-years? 59

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

Although the CoC achieved 89% on this objective, our goal will be to meet or surpass the required 77% objective. The CoC realizes that this goal was exceeded primarily due to the influx on 80 new homeless vouchers funded through the state. Although the vouchers will remain, new vouchers will only be available when current clients vacate.

With that said, the CoC will strive to achieve or surpass the objective through the following: annual APR's review with follow-up recommendations for improvement; recommend technical assistance (peer support, HUD TA or CoC Coordinator assistance) for projects identified as not performing to the best of their ability; provide annual training on connection with mainstream resources; host provider forums on program best practices; and provide annual training on provider care.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

As reported the CoC has exceeded this goal. Although the CoC will try to maintain the current level, it is likely that the percentage will be closer to the required 77%. In order to achieve or surpass the requirement, the CoC will continue to support, educate and encourage projects to maintain and/or increase this level in the future. Linkage with mainstream resources, access to ongoing comprehensive support services, and continued affordable housing are key ingredients to maintaining and/or increasing this goal.

What percentage of homeless persons in permanent housing have remained for at least six months? 89

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 77

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 79

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 80

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC realizes our achievement of 100% is unique and was achieved because the only program reporting was for DV clients (the the other THP for harder to serve had no exits). Additionally, our region received 80 new homeless vouchers from the State last year. Although the vouchers will remain, they will only open up when vacated.

With that said, the Grant Committee will support and encourage projects to achieve or surpass the objective in the following manner: annual APR review with follow-up recommendations; offer technical assistance for projects not meeting objectives; support the development of new affordable housing; support an increase in public housing vouchers/certificates; provide annual training on connection to mainstream resources; host provider forum on best practices; and encourage collaboration and connection with community services, including mainstream resources.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Although the West Central MN CoC achieved 100% of transitional housing participants moving to permanent housing, realistically we anticipate achieving a percentage closer to the HUD objective. To achieve this, the CoC will provide support, encouragement, education and training on utilization of community resources (including mainstream resources) and case management on best practices. The CoC will also advocate and support the development of increased affordable housing.

What percentage of homeless persons in transitional housing have moved to permanent housing? 100

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 68

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 70

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 75

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The West Central MN CoC has exceeded this objective, achieving 39% of persons employed at exit. The CoC feels it will be difficult to achieve 39% in 2010 with the addition of 6 new chronic homeless. This population is less likely to achieve employment at exit. To maintain or exceed HUD's objective in the future, the CoC will continue to support and encourage projects to utilize mainstream resources, maintain current (or increased) levels of case management, and collaborate with local workforce centers and/or other employment and education programs (supportive employment and job training programs). The CoC will also continue annual best practices trainings for direct service and program directors.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

To maintain or exceed HUD's objective in the future, the CoC will continue to focus on supporting and encouraging projects in the following manner: utilize mainstream resources, maintain current (or increased) levels of case management, and collaborate with local workforce centers and/or other employment and education programs (supportive employment and job training programs). The CoC will also continue annual best practices trainings for direct service staff and program directors.

What percentage of persons are employed at program exit? 39

In 12-months, what percentage of persons will be employed at program exit? 26

In 5-years, what percentage of persons will be employed at program exit? 30

In 10-years, what percentage of persons will be employed at program exit? 32

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

The CoC will encourage the use of HPRP, State of MN Prevention funds (Family Homeless Prevention and Assistance and Office of Economic Security Prevention funds) to prevent and/or shorten the length of homelessness for families in our region. Additionally, the CoC will advocate and support the increase of affordable housing (vouchers, certificates, affordable private development/renovation). Affordable housing was identified in our unmet needs provider forum as the number one obstacle for families maintaining and/or achieving affordable housing. Finally, the CoC will encourage and support projects to project quality and comprehensive housing stabilization services to existing clients.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

The CoC will advocate for increased funding and use of HPRP, State of MN Prevention funds (Family Homeless Prevention and Assistance and Office of Economic Security Prevention funds) to prevent and/or shorten the length of homelessness for families in our region. Additionally, the CoC will advocate and support the increase of affordable housing (vouchers, certificates, affordable private development/renovation). Affordable housing was identified in our unmet needs provider forum as the number one obstacle for families maintaining and/or achieving affordable housing. Finally, the CoC will encourage and support projects to project quality and comprehensive housing stabilization services to existing clients.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 45

In 12-months, what will be the total number of homeless households with children? 40

In 5-years, what will be the total number of homeless households with children? 35

In 10-years, what will be the total number of homeless households with children? 30

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

Discharge planning is a priority in WC's plan to end homelessness. As such, the CoC is committed to working with care systems to create effective housing and support plans for those exiting care systems and support development of housing options for those persons as a method of preventing homelessness. The CoC's role will be to: 1) annually review system discharge plans, 2) survey agencies on the effectiveness of the systems discharge plans and; 3) provide subsequent feedback to the system administrators. The CoC realizes it does not have enforcement authority in discharge planning, and therefore cannot impose requirements or sanctions on a non-compliant provider. However, in cases where the problem cannot be resolved and continued discharges to homelessness occur, the CoC will make a formal complaint to the institution as well as to the Local, State, or Federal authority overseeing the agency in question, and request action to ensure that mandated discharge planning occurs. Although MN regulates discharge from Foster Care, each County is responsible for setting up individual 'Independent Living Plans' with each child placed in out of home placement over 14. Discharge typically includes transitional supports to independent or group living. The CoC encourages that discharge plans address: vocational, social, educational, maturational needs, and assure that income maintenance and counseling benefits are tied to the plan.

Health Care:

Discharge planning is a priority in WC's plan to end homelessness. As such, the CoC is committed to working with care systems to create effective housing and support plans for those exiting care systems and support development of housing options for those persons as a method of preventing homelessness. The CoC's role is to: 1) annually review system discharge plans, 2) survey agencies on the effectiveness of the systems discharge plans and; 3) provide subsequent feedback to the system administrators. The CoC realizes it does not have enforcement authority in discharge planning, and therefore cannot impose requirements or sanctions on a non-compliant provider. However, in cases where the problem cannot be resolved and continued discharges to homelessness occur, the CoC will make a formal complaint to the institution as well as to the Local, State, or Federal authority overseeing the agency in question, and request action to ensure that mandated discharge planning occurs.

The various health care systems serving West Central MN are operated by both local and out of state nonprofits and for-profits. The CoC encourages hospitals to establish protocols for admission and discharge of people who are homeless, but discharge to homelessness still occasionally occurs. The CoC realizes that due to operational differences, the individual provisions may be different, but stresses the importance of having a protocol in place and will respond when discharge to homelessness occurs.

Mental Health:

Discharge planning is a priority in WC's plan to end homelessness. As such, the CoC is committed to working with care systems to create effective housing and support plans for those exiting care systems and support development of housing options for those persons as a method of preventing homelessness. The CoC's role will be to: 1) annually review system discharge plans, 2) survey agencies on the effectiveness of the systems discharge plans and; 3) provide subsequent feedback to the system administrators. The CoC realizes it does not have enforcement authority in discharge planning, and therefore cannot impose requirements or sanctions on a non-compliant provider. However, in cases where the problem cannot be resolved and continued discharges to homelessness occur, the CoC will make a formal complaint to the institution as well as to the Local, State, or Federal authority overseeing the agency in question, and request action to ensure that mandated discharge planning occurs.

In MN, no person committed to a state regional tx center can be discharged to homelessness. All persons committed are assigned a mental health case manager through the county that pursued the commitment. Discharge planning begins while the commitment process is still occurring and involves housing. The CoC will advocate for increased supportive housing and intensive support services for individuals transitioning out of mental health facilities.

Corrections:

Discharge planning is a priority in WC's plan to end homelessness. As such, the CoC is committed to working with care systems to create effective housing and support plans for those exiting care systems and support development of housing options for those persons as a method of preventing homelessness. The CoC's role is to: 1) annually review system discharge plans, 2) survey agencies on the effectiveness of the systems discharge plans and; 3) provide subsequent feedback to the system administrators. The CoC realizes it does not have enforcement authority in discharge planning, and therefore cannot impose requirements or sanctions on a non-compliant provider. However, in cases where the problem cannot be resolved and continued discharges to homelessness occur, the CoC will make a formal complaint to the institution as well as to the Local, State, or Federal authority overseeing the agency in question, and request action to help ensure that discharge planning occurs. 10-yr Plan focus groups identified corrections as the most problematic discharge area, with discharge to shelter still occurring. This year, Clay Co. Public Health started a pilot discharge plan program for inmates who have a history of mental illness and/or homelessness. The CoC & Clay County will present the project to all county jails in the region in hopes of duplicating the pilot. The 10-year plan committee will track progress of the pilot and encourage other counties to establish similar protocol.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

1. Involvement of the city of Moorhead on special planning to count persons who are homeless or precariously housed in the 2010 Census.
2. Support for the continuation and expansion of emergency, transitional and permanent supportive housing available to homeless persons. The City of Moorhead Plan identified CDBG leverage funds and signatures of Certificates of Consistency as specific support. The State Plan includes committee and staff support, funding and data collection.
3. Both CDBG plans support the goals of the CoC in prevention, outreach, and assessment.
5. Both CDBG plans support Point-in-time Counts and identify the Project Connect Events.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

There were six successful HPRP applications in our region. The CoC reviewed and issued Certificates of Consistency with the 10-year plan and CoC for all of the funded applicants. All of the grantee agencies are active members of our CoC - with four serving on the CoC Executive and Ending Homeless Committees. The CoC has discussed the role of HPRP in the continuum of homeless services. HPRP is a standing agenda items at monthly CoC meetings.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

NSP was not awarded to any of the applicants in our region. HUD VASH is administered by a member organization and benefit clients in our region. The VA, County Veterans Officers and MACV recently presented at a monthly CoC meeting - including discussion and referral process for the VASH program. Recovery Act Energy Assistance funds are administered through a member agency also. These funds have benefited both clients and homeless provider agencies alike. Another member agency received recovery community health funds for disease prevention. The White Earth Tribe, a member agency and HUD SHP grantee, received violence against women Recovery Act funds. NW MN Legal Services was able to fund a new full-time staff with Recovery Act Funds.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	18	Beds	25	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	73	%	89	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	84	%	100	%
Increase percentage of homeless persons employed at exit to at least 19%	24	%	39	%
Decrease the number of homeless households with children.	30	Households	45	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

Across the region we have seen an increase in the number of homeless families. Prevention fund requests have increased and the family emergency shelter beds have had a waiting list for over a year. The economy seems to be the major contributing factor, with single mothers being most vulnerable with no financial safety net in place to handle job loss/reduction or increase expenses.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	82	15
2008	82	14
2009	34	39

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 25

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$0	\$0	\$15,880	\$0	\$0
Total	\$0	\$0	\$15,880	\$0	\$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	9
b. Number of participants who did not leave the project(s)	35
c. Number of participants who exited after staying 6 months or longer	6
d. Number of participants who did not exit after staying 6 months or longer	33
e. Number of participants who did not exit and were enrolled for less than 6 months	2
TOTAL PH (%)	89

Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	9
b. Number of participants who moved to PH	9
TOTAL TH (%)	100

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 18

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	5	28	%
SSDI	3	17	%
Social Security	0	0	%
General Public Assistance	2	11	%
TANF	2	11	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	7	39	%
Unemployment Benefits	0	0	%
Veterans Health Care	0	0	%
Medicaid	6	33	%
Food Stamps	8	44	%
Other (Please specify below)	4	22	%
Child Support			
No Financial Resources	2	11	%

The percentage values will be calculated by the system when you click the "save" button.

**Does CoC have projects for which an APR Yes
should have been submitted?**

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

Each grantee's APR is reviewed annually by our grant committee. Specific to utilization of mainstream services the committee looks at questions 11 (Income), 14 (Destination), and 15 (Supportive Services), as well as program goals. Grantees are given feedback including suggested follow-up actions to take. Any follow-up review is done by the CoC Coordinator and Committee Chair.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

The CoC Grant Committee meets four times a year. In 2009 they met in January, April, June, and August. Two Project Connect Committees (at either end of our region) hold monthly meetings (Clay=3 Monday of the month). Additionally, the Agency Subcommittee meets 3-5 times a year. At a state level, the Heading Home Minnesota Subcommittee and Services Funding Committee meets monthly (4th Tuesday).

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Annually

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If "Yes", indicate for which mainstream programs HMIS completes screening.

Public Housing, Social Security, County Benefits (food stamps, General Assistance, mental health, TANF/MFIP), SSDI, Veterans, Medical Assistance, Workforce

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

June 26, 2007, June 8, 2009. We have on planned in our region on December 5, 2009. The pre-training occurred on October 27, 2009.

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Case Managers assist clients in applying financial or medical benefits or providing updates on pending applications. Staff will prompt clients to complete paperwork, assist in filling out paperwork, assist in obtaining supporting documentation, and turn in applications as needed. Staff may also attend all necessary appointments related to benefits to provide support, advocacy and/or alleviate anxieties.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	58%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
The CAF (combined application form) is used for Social Services Food Support, Health Care and Cash Assistance Programs (i. e. Emergency Assistance, Medical Assistance, Food Stamps, General Assistance, etc.). In Clay County a single form housing application is also used for: Clay County S+C, Boyer Apartments, Housing Choice Vouchers, Homeless To Housed Rental Assistance Program, Churches United Supportive Housing, Clay County HRA Supportive Housing Programs, and Lakes and Prairies Transitional Housing.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Case Managers work closely with clients to ensure that follow-up documents are provided and appointments are kept, Advocacy is sometimes necessary to ensure that clients are ensured the benefits they are eligible for.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Part A
Lead Agency:

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	No
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	Yes
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	Yes

Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html .)	No
*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	Yes
*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	Yes
*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)	Yes
Land use controls within the Comprehensive Plan (updated in 2009), Zoning Ordinance (updated 2008), and Subdivision Ordinance do not contain regulations that constitute barriers to affordability. Fees are set at a level to cover the cost of providing oversight in the construction and improvement of quality housing units. Moorhead does not impose growth limits, but manages growth to maximize the availability of public infrastructure.	
*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	No

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	No
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	No
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	Yes
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	No
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
PSH MN46B70 8001	2009-11-24 17:49:...	1 Year	Churches United f...	21,376	Renewal Project	SHP	PH	F
HMIS West Central	2009-11-15 20:45:...	1 Year	Amherst H. Wilder...	5,756	Renewal Project	SHP	HMIS	F
Prairie Horizons ...	2009-10-12 16:11:...	1 Year	Housing & Redevel...	56,666	Renewal Project	SHP	PH	F
HRA CARES	2009-10-12 16:16:...	1 Year	Housing & Redevel...	182,977	Renewal Project	SHP	PH	F
Dream Catcher Homes	2009-11-20 10:20:...	1 Year	Moorehea d / West ...	17,455	Renewal Project	SHP	PH	F
Transitiona l Housing	2009-11-24 16:08:...	1 Year	Churches United f...	47,697	Renewal Project	SHP	TH	F
Transitiona l Hous...	2009-11-20 11:23:...	1 Year	Wings Family Supp...	56,961	Renewal Project	SHP	TH	F
Lakes and Prairie...	2009-11-24 16:56:...	2 Years	Lakes & Prairies ...	42,716	New Project	SHP	PH	P1

Budget Summary

FPRN	\$388,888
Permanent Housing Bonus	\$42,716
SPC Renewal	\$0
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	11/23/2009

Attachment Details

Document Description: Certificate of Consistency - West Central MN